

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087188

FILED  
May 01, 2007  
Secretary of State

Entity Name: REALTY PROS OF TAMPA BAY, INC.

**Current Principal Place of Business:**

8048 OLD CR 54  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

2200 SEVEN SPRINGS BLVD. #110  
TRINITY, FL 34655

**Current Mailing Address:**

8935 BEL MEADOW WAY  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 16-1621519      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STAFFORD, JOEY  
8935 BEL MEADOW WAY  
NEW PORT RICHEY, FL 34655      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: STAFFORD, JOEY  
Address: 8935 BEL MEADOW WAY  
City-St-Zip: N PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEY STAFFORD

DP

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date